



Michigan Department of Community Health (MDHHS)
Crime Victim Services Commission (CVSC)
VOCA Victim Assistance Grant

CIVIL RIGHTS TRAINING ACKNOWLEDGEMENT

GRANTEE:	
CVA #:	

I acknowledge that I have viewed the Crime Victim Services Commission PowerPoint on Civil Rights Compliance. I accept responsibility for ensuring that project staff understand their responsibilities as outlined in the presentation. I understand that if I have any questions about the material presented and my responsibilities as a sub-recipient that I will contact the VOCA Program Specialist (the Agreement's Contract Manager) at (517) 241-5249 or oreillyL@michigan.gov

Signature	
Printed Name	
Title and Date	

Please print, sign and upload into the EGrAMS Portal at <https://egram-mi.com/portal>